



John L. Gildner
Regional Institute For Children and Adolescents

15000 Broschart Road • Rockville, Maryland 20850-3392
Telephone: 301/251/6800 • Fax: 301/309/9004



**John L. Gildner Regional Institute for
Children and Adolescents**

Volunteer Application

Date: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Educational Background, (schools and degrees): _____

Current and Past participation in community activities, (include any involvement with
any youth agency): _____

Volunteer Position Desired: _____

Availability: Days: _____ Hours: _____

Our Mission _____

To provide the best possible care and education to all students and their families

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Cultural/creative/social activities which you enjoy: _____

Subjects you would be interested in tutoring: _____

Hobbies: _____

Have you ever been convicted of a crime? No: _____ Yes: _____

If yes, explain, including date(s) and place(s): _____

Are criminal charges pending against you without a final disposition? If yes, explain,

Including date(s) and place(s): _____

Please circle the words that describe your personality:

Inquisitive	Sensitive	Shy	Talkative	Creative
Adventuresome	Happy	Nervous	Friendly	Patient
Confident	Moody	Withdrawn	Insecure	Impatient
Temperamental	Analytical	Quiet	Outgoing	

Other: _____

Describe the benefits you hope to realize from your volunteer experience: _____

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Describe any work/life experiences which will assist you in being a volunteer: _____

What individual do you consider a role model? _____

How would you have answered the question as a child or adolescent? _____

If you could recommend one book for a young person to read, what would it be? _____

The following demographic information is optional and used for statistical reporting purposes only:

Date of birth: _____ Place of birth: _____

Sex: Male _____ Female: _____ Race: _____

Please give us the names, addresses, and daytime phone numbers of three persons who have known you for at least one (1) year and well enough to vouch for your character, reputation and morals. One of these should be your employer or supervisor if you are currently employed. References will remain strictly confidential.

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Name: _____ Daytime phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Name: _____ Daytime phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Name: _____ Daytime phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

The above information is true to the best of my knowledge. I grant permission to the John L. Gildner Regional Institute for Children and Adolescents to verify my employment and to contact the references provided, as well as various police enforcement agencies and child protection services. I understand that, for my own protection as well as the protection of the students(s), all volunteer activities involving student contact must take place at JLG-RICA in a public setting under the supervision of the JLG-RICA staff member.

Signature: _____

Date: _____

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Volunteer Insurance

I, _____, understand JLG-RICA volunteers and interns receiving credit of fulfilling any kind of school requirements are not insured by the State of Maryland for any injuries received while on the grounds of JLG-RICA.

Those who fall into this category are encouraged to verify insurance coverage with their home school, college, or university.

Additional Information For Students/ Interns

College/University Attending: _____

Area of Study: _____

Degree earning: _____

Expected graduation date: _____

School Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

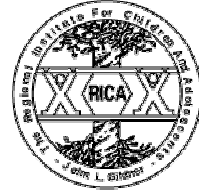
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Confidentiality Statement

For

Volunteers and Interns

All persons involved in the JLG-RICA program shall be specifically informed of their responsibility to protect the confidentiality of the students and families involved in the program. Any proven violation of that confidentiality shall be cause for immediate termination of all involvement in the program.

I understand and agree that in performance of my assigned duties at JLG-RIC must hold all information to which I am privy to be confidential. Further, I understand that intentional or involuntary breach of confidentiality will result in the termination of my activities.

Date

Signature

Print Name

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